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Bib Data Sheet

CONFIRMATION NO. 9921

SERIAL NUMBER 10/785,580	FILING DATE 02/23/2004 RULE	CLASS 033	GROUP ART UNIT 2859	ATTORNEY DOCKET NO. LEVL113
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APPLICANTS

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*** CONTINUING DATA ***** *none*

*** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Examined after allowance	Examined after allowance	Examined after allowance	Examined after allowance
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Chalk line with selectively adjustable tip

FILING FEE RECEIVED 1420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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